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ABSTRACT

New treatments of reading disabilities have recently been developed. New medical therapies for reading disabilities link poor functions of the mechanism that controls balance and movement to reading disability and focus medical attention on diet as a cause of hyperactive behavior and learning disorders. These medical therapies are still controversial and their use should be decided upon by parents and not by reading specialists. New psychological theories involve cognitive behavior modification and "suggestopedia" in which the use of positive suggestion is emphasized. New educational therapies include a number of modifications of the Fernald kinesthetic method, the neurological impress method, repeated readings, and changing print format. These innovations have not been followed up by controlled research, but remedial teachers should know about them and be prepared to try them with pupils who seem unable to learn from conventional remedial procedures. The 1978 legislation on learning disabilities may expand the need for teachers with remedial reading training since the legislation limits the definition of learning disabled to no more than two or three percent of the school population. Certain basic principles of successful remedial reading instruction have not changed in the past 50 years. The reading specialist who combines flexibility and resourcefulness with unlimited patience will achieve results with most disabled readers. (MKM)

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WHAT IS NEW IN REMEDIAL READING?

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WHAT IS NEW IN REMEDIAL READING?

This paper is a third survey of developments in remedial reading. The first, in 1966, surveyed the fifty-year period from 1916 to 1965. The second, in 1976, reviewed the decade ending with 1975. The present paper takes another look, with particular attention to new developments in treatment.

First, some comments on developments in the field of learning disabilities and their implications for reading specialists. As of September, 1978, new federal regulations setting guidelines for the identification and education of the learning disabled went into effect. According to those regulations, diagnostic evaluation requires a multidisciplinary team that must include the child's teacher and one person qualified to give individual diagnostic examinations; that person may be a psychologist, a speech therapist, or a remedial reading teacher. The study must include classroom observation and an individual intelligence test. The team must file a written report giving the reasons why it does or does not classify the child as learning disabled. The main criterion to be used is evidence of a severe discrepancy between the child's achievement and his potential. The intent is to limit the category of learning disabled to the severely disabled, comprising not more than 2 or 3 percent of the school population. For each child classified as learning disabled, a detailed individual educational plan has to be prepared, stating short-term and long-term objectives and specifying who is responsible for what.

Since 1970 there have been many reports of school districts in which the development of learning disability programs was accompanied by cuts in remedial reading services. In some states, the learning disability label was applied indiscriminately to children with a wide variety of problems. The new procedure should lessen those abuses.

Best available estimates place the national incidence of reading disability in school children at about 15 percent. Since only 2 to 3 percent are classifiable as learning disabled, most disabled readers remain the responsibility of classroom teachers and reading specialists. To avoid the abolition of positions for reading specialists it is necessary for the reading specialists to devote time and energy to public relations. This can be a very important area of activity for local reading councils. If reading specialists do not convince parents and school administrators that their services are valuable and necessary, who will?

It is to be hoped that the fields of reading and learning disabilities will grow closer together in the future. Each group can learn from the other, to the benefit of the children. Reading specialists should have some background in the psychology and education of exceptional children, in psychological testing, and in behavior modification. Learning disability teachers need much more training than many of them have received, in the techniques of remedial teaching. Both groups need to understand each other's professional jargon and the role responsibilities of the other. These issues have been discussed in greater detail in recent papers by Harris (1980 a, b) and Artley (1980).

Medical Therapies

The study of reading and learning disabilities has become a multi-disciplinary effort, and several kinds of medical specialists have become involved. In addition to psychiatrists, neurologists, pediatricians, and ophthalmologists, who have been involved for many years, nutritionists and allergists have entered the field. Many of the newer medical ideas about the causation and medical treatment of learning problems are highly controversial.

One new medical theory links reading disability to poor functioning of the mechanisms that control balance and movement; in other words, the cerebellum (a large brain center behind and below the cerebral cortex), and the semi-circular canals of the inner ear. De Quiros and Schrager (1978) stated that when automatic reflex control of balance is inadequate, conscious control of balance interferes with concentration in learning situations. Frank and Levinson (1976-77) also reported a high incidence of vestibular disturbance in reading disabilities, which they called "dysmetric dyslexia," and stated that dramamine and other medications for motion sickness were helpful in such cases. Ayres (1978) developed a sequence of physical exercises to improve the automatic functioning of the vestibular system.

Medical attention has been focussed on diet as a cause of hyperactive behavior and learning disorders. The Kaiser-Permanente diet advocated by Feingold (1976) eliminates foods and drinks that contain additives, dyes, or natural salicylates; ~~This excludes~~ not only desserts, candy, and soft drinks, but also most breads and cereals, many meats, and many fruits

and vegetables. Other physicians have criticized the research on which this treatment is based as inadequate and insufficient (Spring and Sandoval 1976; Sieben 1977). Caffeine in coffee, tea, and cola drinks has been blamed for making children overstimulated (Powers 1976); but other evidence indicates that caffeine may have a quieting effect on hyperactive children (Firestone et al. 1978). The use of massive doses of certain vitamins, called megavitamin therapy, is a hotly contested medical issue (Cott, 1977; Sieben 1977). The presence of too much or too little of certain minerals in human tissues may or may not be linked to learning disabilities (Sieben 1977). And even fluorescent lighting in the classroom is claimed to have a deleterious effect on the behavior of children (Painter 1976-77). Still another medical controversy involves the idea that learning disability may result from an allergic reaction of the brain, that can be treated with cortisone and similar drugs (Wunderlich 1973).

These medical controversies are not for the reading specialist to decide. Parents must take the responsibility for choosing their physicians and for following, or not following, their advice.

Psychological Therapies

Individual psychotherapy, group psychotherapy, and family therapy have been with us for many years. Reading specialists recognize that many disabled readers have serious personality problems that require the diagnostic consideration of a psychiatrist or psychologist, and may require some form of psychotherapy. The reading specialist's task is to make appropriate referrals of such cases.

The practice of behavior modification based on Skinnerian principles of learning is not new, but the form of it called cognitive behavior modification is quite recent. The general idea is that children's behavior is strongly influenced by what they say to themselves in inner speech, and that one can change behavior by helping them to change this inner dialogue. This involves the use of models for the learner to imitate, and the use of reinforcement or rewards when the desired changes occur. Thus the child who has been saying to himself: "It is too hard so I might as well not try," may be helped to verbalize, "It is hard, but I can do it if I really try." (Meichenbaum 1977).

This approach suggests that we have been paying too much attention to the counting of errors, and not enough to what goes on in the child's mind when he is reading. Without becoming behavior therapists, reading specialists can become more sensitive to what is going on in a child's thoughts and feelings that influences how he behaves in a reading situation.

Suggestopedia is the term used by Lozanov (1975) to describe his system of instruction in which the use of positive suggestion is emphasized. His followers have established a Society for Suggestive-Accelerative Learning and Teaching that has headquarters in Ames, Iowa and publishes a journal. The system assumes that most individuals have the potential for greatly improved learning and that a combination of positive suggestion and relaxation can release individuals to perform very rapid learning.

A report by Pritchard and Taylor (1978) described the application of suggestopedia to teaching poor readers. Periods of active instruction

alternated with passive activities such as lying down, breathing in time to a metronome, listening to suggestions emphasizing their worthiness, and encouragement to visualize words on an imaginary "magic drawing board." An application of suggestopedia in second grade reading instruction involved seven steps: physical relaxation, mind calming, recall of earlier pleasant learning experiences, active presentation, concert review, practice, and test. In the active presentation the children were told to visualize reading as a house in which each apartment represented a vowel, and to visualize the words containing that vowel as items of furniture within the apartment (Somsky 1980). This is similar to the techniques used by memory experts.

Suggestopedia is a very new development in the application of psychological techniques to education, and one worth watching.

Educational Therapies

A number of modifications of the Fernald kinesthetic method of teaching severely disabled readers have been described. One of them is "blind writing," in which the child traces the word with his eyes closed and only after he is able to trace it correctly does he open his eyes and start to associate the visual form with its auditory and kinesthetic representations. Three-dimensional letters may be used, or the child's hand may be guided through the tracing. This procedure is said to work with neurologically immature or damaged children who need a reduction in the total amount of sensory stimulation they can handle. (Blau and Blau 1968)

Zorman-ovich (1979) conjectured that a child who seemed unable to learn words by the Fernald VAKT procedure might have a functional gap preventing cooperative action of the two cerebral hemispheres, with symptoms comparable to those of the cases reported by Sperry, Gazzaniga and Bogen (1969) in which the two hemispheres were surgically separated. The child seemed unable to learn the word shape by tracing with the dominant hand. She tried having him trace with the nondominant hand, which was easy for him, but his coordination with that hand was insufficient for writing the word. Simultaneous tracing with the nondominant hand, writing with the dominant hand, and saying the word was found to work. This is a report of only one case, but there may be many others like him. Zorman-ovich wrote that she thought her procedure had promoted the integration of the two hemispheres.

A procedure described by van den Honert (1977) is based on the notion that poor remedial progress may be due to interference by the nondominant right hemisphere with the reading process controlled by the dominant left hemisphere. She used stereophonic earphones with recorded reading instruction going through the right ear to the left hemisphere, while the right hemisphere was kept busy with recorded music fed at the same time to the left ear. She also attempted to eliminate conflict between the right and left visual centers by blocking out the vision of the right eye. She found a dramatic increase in rate of learning for seventh graders, but not for ninth graders. She also said that both the auditory and the visual blocking were required for good results.

The so-called "neurological impress" method (Heckelman 1966) involves having the teacher and pupil read a selection together almost simultaneously. At first the teacher's voice is slightly in the lead, providing cues for the child; gradually the child takes over. Word recognition is said to develop painlessly through the repeated prompting provided by the teacher. This kind of procedure has been recommended by Carol Chomsky (1978) for use with children who have become resistive to decoding drills. It is probably more useful as a supplementary procedure than as a complete remedial method. Hollingsworth (1978) has recently reported favorable results with the Impress method, using recorded selections listened to through earphones.

Samuels (1979) has advocated the method of repeated readings as a way to improve fluency and make word recognition increasingly automatic. The child reads a selection of 50 to 200 words orally, and rate and number of errors are charted on a graph. He rereads the material to himself while the teacher is checking other children, and then reads the same selection to the teacher, who enters the new time and errors on the graph. This is continued until a rate of 85 words per minute is achieved; then the child moves on to another selection. With successive selections, the trend is to start with more speed and fewer errors. A read-along procedure can be combined with the repeated readings.

Meares (1978), a remedial teacher in New Zealand, reported that some of her least successful remedial readers seemed to have a special kind of difficulty in perception of print. When she asked them what the page looked like,

they seemed to be seeing a figure-ground reversal; instead of seeing black letters against a white background, the white seemed to be the foreground against a black background, looking like white rivers or dams. She said that such children seem to be aided by reducing the contrast between print and background, using minimal space between words and between lines and small size print; thus they seemed to be helped by the opposite of what makes for better legibility for most readers.

The innovations described above are small-scale explorations that have not yet been followed up by controlled research. It is important for remedial teachers to know about them and be prepared to try them with pupils who seem unable to learn from conventional remedial procedures.

There are certain basic principles of successful remedial reading instruction that have not changed in the past 50 years. They include the following:

1. the vital importance of beginning at a low enough level, and with small enough steps, to insure initial success.
2. the development of a pleasant rapport between teacher and each pupil.
3. the need for flexibility in choosing both method and materials, paying attention to the child's feelings as well as to his aptitudes.
4. Particularly early in the remedial program, taking very small steps with ample review and repetition.
5. using materials that combine high interest appeal with low difficulty.
6. using progress charts to record progress toward important objectives.
7. keeping lines of communication open with the child's classroom teacher and parents.

8. celebrating the child's successes and arranging for praise and support from other significant adults and children.
9. keeping in mind the need for application in connected reading of skills that may need some development in isolation.
10. maintaining the child in the remedial program until he has acquired sufficient skill to carry on in the regular homeroom reading program, and has started the habit of reading on his own.

These ten principles are basic, and are independent of the particular procedures for teaching decoding and comprehension that are used. They are common to programs that look superficially to be quite different, yet may be alike in basic characteristics. The reading specialist who combines flexibility and resourcefulness with unlimited patience will achieve successful results with most disabled readers.

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